

ART. XXXIV.—*Disease of the Mind. Notes on the Early Management, European and American Progress, Modern Methods, etc., in the Treatment of Insanity, with especial reference to the needs of Massachusetts and the United States.* By CHARLES F. FOLSOM, M.D., Secretary of the Massachusetts Board of Health. Svo., pp. 109. Boston: A. Williams & Co., 1877.

THIS is a separate publication of a paper contributed to the annual report of the Massachusetts State Board of Health, of which Dr. Folsom is the Secretary. It is a brief, and, within such narrow limits, necessarily imperfect summary of the progress of this department of the healing art during the present century, both in this country and abroad. He takes occasion to compare our hospitals for the insane, especially with those of Great Britain, and this, no doubt, was the *raison d'être* of the paper, for he has recently visited that country, and has been very favourably impressed by some novelties in their management of the insane. As the testimony of a highly intelligent observer, with some practical knowledge of the subject on which he writes—a qualification not possessed by all those worthy people who have recently undertaken to teach the public exactly how the insane should be cared for—it is entitled to most respectful consideration. Lack of space will oblige us to confine our notice to a few only of the prominent points.

Dr. Folsom thinks that, during the twenty years immediately preceding 1856, our institutions were in advance of all others, but that since then this relation has been reversed. The elements of superiority are so numerous and diverse, that we cannot see how such a sweeping comparison can be made with any reliable degree of exactness. In architectural construction, fitness of site, internal arrangements, amusements, employment, diet, medication, scientific study, in all these things our institutions present different degrees of excellence, and the same may be said of those of foreign countries. The only sure test of comparative excellence would be that of results, those being best which accomplish in the highest degree their allotted work—the cure, comfort, and custody of the insane. When we become able to apply this test, then we may easily settle the question of precedence, and, we apprehend, not till then. The Dr., however, brings forward two particular points of management in which the British institutions are in advance of ours, their almost if not entire disuse of restraint on the limbs, and the larger liberty allowed to the patients, as indicated by unlocked doors and unguarded windows. Not that he is in favour of unconditional non-restraint, but that, as a general rule, we use more than is necessary. Even if this were true in regard to one or two hospitals of which he had some personal knowledge, it is mere assumption to say that every other in the country is equally blamable, the fact being, we have reason to believe, that some of them actually use less restraint than some British hospitals use.

Dr. F.'s remarks on the subject of restraint are vitiated by the common fault of mistaking a means for the end. Restraint is represented by English writers as an unmitigated evil, the utter disuse of which is the aim, end, and glory of all good hospital management. Even here, where more sensible notions prevail, it is often made a matter of boasting in our hospital reports that restraint has been reduced to an insignificant amount, and the fact put forth as an indisputable proof of progress. Had the Doctor relied more on his own good sense and judgment, and less on the dogmatism of foreign alienists, he would not have lost sight of the principle that mechanical, as well as other forms of restraint, such as the hands of attendants, duck shirts, locked clothes, and seclusion, is a strictly remedial measure, the value of which must be determined by the results. Nothing better

shows how little wisdom has entered into this dispute, than the fact that the use of restraint at all is almost universally regarded as an unquestionable evil, and this in the face of the facts that not unfrequently patients ask for it, that in cases of high excitement its tranquillizing effect is often immediately obvious, and that seldom if ever do we hear any complaint of its use from those who have fully recovered. Let us say then for the thousandth time, that the question is not whether the ordinary routine of hospital management may be pursued without using restraint. Nobody denies this fact. We know very well that hospitals thus conducted "get along," as the phrase is. If it were concluded to abstain from opium, conium, iron, quinia, or chloral, unquestionably they would still "get along." Indeed, the practitioners of homœopathy in one of their hospital reports (State Homœopathic Asylum for the Insane, at Middletown, N. Y., January, 1877), state as a "cardinal feature" of their treatment, "an entire avoidance of any of the forms of anodyne, sedative, or palliative treatment," and they too "get along." They also tell us in the same document that, the whole number of female patients during the year being 110, if we do not mistake their statistics, the number of vaginal examinations was over a thousand; and still they got along. If getting along be the test of what is right and proper, then we are bound to follow these precious examples. The true question involved in this dispute about restraint is, Whether it does or does not promote the ends of hospital treatment in a very considerable degree? whether it can be disused entirely without most serious detriment? Like every other means resorted to, it must be judged by its fruits, and, that too, in a strictly scientific spirit.

Thus the question stands. In all the American hospitals mechanical restraint on the limbs is more or less used as a means better than any other for effecting a required purpose. The same may be said of some of the British hospitals, while in far the greater number it is utterly disused, either because it is regarded as always and necessarily bad, or because the little good that can be claimed for it is supposed to be more than balanced by its evils. Further trial and inquiry may accomplish some nearer approach to uniformity of practice, especially if pursued unbiased by a senseless sentimentalism on the part of the public.

In another respect Dr. Folsom thinks we have been surpassed in the progress of improvement, viz., in the greater amount of liberty witnessed abroad, in the absence of guards on the windows, and of locks on the doors, in open fires, etc. He mentions two or three establishments only as examples of this new step, from which we are led to infer that they are exceptions to a very different general rule. If there is any merit in this kind of freedom, they must share the claim to it with some of our oldest institutions. Dr. Woodward, of Worcester, was in the habit, during his long service, of giving to every patient, who promised not to abuse the privilege, the freedom of the house and grounds. The same may be said of Dr. Rockwell, of Vermont. That these gentlemen were not much daunted by any fear of consequences in dispensing so much liberty to their patients, was a fact strongly impressed on the visitor who saw from the windows of the Worcester Hospital four men, who had committed homicide, mowing side by side in the meadow; and on the good people of Brattleboro who were accustomed to see a long file of men from the hospital, with axes on their shoulders, wending their way to the woods to cut down the next winter's fuel. We might mention other hospitals where great freedom of movement was allowed, and indeed, in the most, if not all of them, thirty or forty years ago, it prevailed to a far greater extent than it did in any other country. If the later generation of superintendents have considerably curtailed this kind of liberty, it is, no doubt, from a well-founded conviction that it did more harm than good. It certainly has had a fair trial here, no less satisfactory because unaccompanied by any flourish of trumpets. That

the result abroad will be the same as it has been here we do not doubt. Indeed, we have never been able to see how the kind of freedom so much boasted of can greatly alleviate the lot of people who have been torn from their homes, deprived of social and legal privileges, and subjected to an enforced system of diet, medication, and discipline. It has been the great misfortune of hospital management that it furnishes so much opportunity for appealing to the sense of the marvellous, and challenging the applause of that numerous class whose only test of merit is strangeness and novelty. To leave this fact out of the account while sitting in judgment on alleged improvements, will, very likely, lead to a wrong conclusion.

Among the multitudinous mistakes in matters of fact, which have pervaded English representations respecting our labours in this branch of our art, is one we hardly expected to see reproduced by Dr. Folsom. He mentions it as one of the advantages possessed by the English and Scotch over us, that "the British Medico-Psychological Association, including in its ranks physicians interested in mental disease, whether superintendents of asylums or not, in their yearly meetings bring out a broader view of the field than if participated in by superintendents alone." From which the reader would infer that the similar Association in this country is a sort of close corporation in which no one is allowed to open his mouth but superintendents. Had he run his eye over the annual proceedings of the "North American Association," he would have found that the meetings have been attended by various descriptions of persons—assistant physicians of hospitals, chaplains, and directors of the same, officers of prison discipline societies, members of boards of State charities—who were invited to participate in the discussions, which invitation was frequently accepted. We can assure the Doctor that whenever he chooses to attend he will find that the Association will gladly listen to whatever he may wish to say. While on this point, we cannot help regretting that in a paper like this, written expressly for the purpose of showing the progress of improvement, the Doctor has made so little account of this American Association. If we have achieved anything in this field of professional labour, whether in the line of medical science, architectural arrangements, or an inventive philanthropy, it is due, in a great measure, to the influence of this Association. The conclusions it has put forth in regard to plans of building, to the systems of warming and ventilation, to the site, surroundings, and size of hospitals, to the organization and discipline of their officers, to legislation and jurisprudence in relation to the insane, and various other subjects, have been of incalculable benefit, obvious enough when we consider the circumstances under which this great enterprise of caring for the insane has been carried forward in this country. To the spirit and practice which it has established by precept and example, we owe the fact that every hospital that public or private beneficence has created one after another, even in regions scarcely known to civilized man, when it began its meetings, has started fully equipped with the physical and moral appliances suggested by the matured thought and experience of the time. Every year, with a single exception, it has met since 1844, always in the neighbourhood of some hospital which it visited and examined. The time occupied by the sessions, extending usually to the fourth or fifth day, has been employed chiefly in reading and discussing papers, in debates on matters germane to the occasion, and in informal interchange of thought. Surely it might justly have received some small allowance of that praise which our author has bestowed on the British Association, which comes together in the morning, hears an address from the President, listens to a paper or two, which is briefly discussed, eats a dinner, and then adjourns *sine die*.

Another advantage attributed to British institutions for the insane, paramount to all others, in Dr. F.'s opinion, judging from the manner in which he presents

it, he discovers in their "Lunacy Commission." This opinion he entertains in common with many, if not most, English writers on the subject, and also with sundry amateurs on this side the water, who, probably, would need little urging to fill the office if offered them. This they hold out as the great panacea for all the ills and evils of hospital management. The idea is that superintendents are apt to keep running in old ruts, blind to all signs of progress, and winking at improprieties, and that directors are dull, careless, moved by selfish purposes, and hood-winked by the officers of the hospital. To meet this condition of things, a commission should be appointed by the government with power to inspect the hospitals, advise changes and improvements, and report merits and defects. In England such a board, composed of twelve members appointed by the Crown, visit by sub-committees every establishment, public and private, in which insane persons are cared for, and render an annual report of their doings. Their function is strictly advisory, but the advice generally has all the force of an authoritative order. Lunacy commissions seem to be just now a sort of fashion. If one has done so much good, then, of course, it would be well to have a few more. So the London *Lancet* appoints one for itself, and sends him forth to examine the hospitals and asylums of the land, and the result of his researches has just appeared in the shape of two portly octavos. Other medical journals, we suppose, will not quietly submit to be outdone in this kind of enterprise, and, indeed, we see no reason why other journals, not medical—the Quarterly and Edinburgh Reviews, the Spectator, Athenæum, etc.—should not take a hand in this new method of promoting the public good. We have little faith in lunacy commissions, for though we would not say that the English and Scotch boards have been utterly unproductive of good, we believe it has been accompanied by no small amount of evil. But we are not going to argue the matter. If any one deliberately believes that a body of men—lawyers, merchants, country squires, and one or two doctors—most of whom, probably, were never inside of a hospital before their appointment, become competent to give advice in matters of construction, classification, and treatment, to correct shortcomings, to indicate mistakes, and suggest improvements, and all this too on the strength of one or two visits to the institutions in the course of the year, he is beyond the reach of any argument that we can use.

Some other points in the paper are suggestive of comment, but as they are of minor importance, and as we may already have trespassed on the reader's patience, we will pass them by for the present.

I. R.

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ART. XXXV.—*Lectures on the Diseases of the Nervous System.* Delivered at La Salpêtrière, by J. M. CHARCOT, Professor to the Faculty of Medicine of Paris, etc. etc. Translated by GEORGÉ SEIGERSON, M.D., M.Ch. London: The New Sydenham Society, 1877, pp. 325.

ALTHOUGH the English translation of these lectures has just come to us, it is of the second French edition, and already in this country we had become more or less familiar with the work from the extensive way in which it had been quoted in our own language. For example, in the last edition of Hammond on *Diseases of the Nervous System*, published in 1876, in the chapters on hysteria, these lectures are largely quoted, and the striking wood-cuts illustrating the contortions of hysterico-epilepsy are reproduced from this volume.

The lectures were delivered during a period of several years, and the second